IND	DIANA DEPARTMENT OF WORKFORCE DEVELOPMENT	т !		Original Report	[	Amended		OFFICE USE ONLY						
Tel	0 N. SENATE AVE. ● INDIANAPOLIS IN 46204-2277 lephone (317) 232-7436 (Local) FAX (317) 233-27 II Free 1-800-891-6499	' <mark>06</mark>		Transfer	[	Pre assigned	'	count				File		
RF	PORT TO DETERMINE STATUS	(APPLICA	OIT4	N FOR EMPLO	YFI	R NIIMBER)	Sta	tus Date		Qualifie	ed Date			
REPORT TO DETERMINE STATUS (APPLICATION FOR EMPLOYER NUMBER) State Form 2837 (R4/7-00)								Pay Method			Merit Rate Date			
•	IF YOU HAVE ACQUIRED ALL OR A PART	OF AN EX	XIST	ING INDIANA E	BUS	SINESS, PLEAS		, moniou			no Dato			
COMPLETE ALL INFORMATION REQUESTED IN SECTION A ON THE REVERSE SIDE.  IMPORTANT: Any Employing Unit which fails to submit any report within 10 days after such request									Bus Code			Section Code		
is sent, shall be assessed a penalty of not less than \$25.00 (reference Indiana Code 22-4-19-10). If you are an employer of AGRICULTURAL or DOMESTIC (household) help, do not complete this form.									Country Code			County Code		
,,,	PLEASE TYPE OR PR			na) neip, ao not		inpiete tino form		unity oou		County	oodo			
	TENSE THE ONT			County			UC	-1 Sent	NTR'S		Suprv			
1.	Federal ID Number:	. 304,												
	Legal Name of Employing Unit							N	lerit Rate	)				
										Yea	ar %l	Rate		
3.	Trade Name (or d/b/a)											%		
				<u> </u>								%		
4.	Mailing Address			Physical Addres	S							%		
	City	State	$\dashv$	City				State				%		
												% %		
	ZIP Code (+4 + 2 + 1)			ZIP Code (+4 + 2 + 1)										
												%		
	Business Telephone Number ( ) - ( )			Rem	arks	S								
	, , ,								Ι					
5.	Type of organization (check one)			<b>6.</b> (a)		:	(b)		7. India	na Busi	ness A	ctivity		
١	_ `_	Partnership	р	Formation d	late	<del>-</del>	tate of							
١	LLC CORPORATION LLC PARTNE			Corporation Partnership:		or I in	ncorpor	ation:						
	REGISTERED WITH THE SEC. OF STAT	ſΕ				;		_						
	Other (Estate, Trust, Etc.)		-	mm dd	у	y ' (2 lette	er abbre	viation)						
8.	Enter the required information for owner, par	tners or o	ffice	ers. Please atta	ach	additional she	et(s) if	needed.						
	Name (please print)		Ti	tle		Social Secu	rity Nu	nber	Tele	phone	Numbe	r		
						_	_		( )		•			
						_	_		( )		-			
	The State of Indiana does <b>NOT</b> issue account	nt number	rs pi	rior to being tax	( lia	ble.		Date pa	yroll beg	gan in Indiana				
an answer "Yes" to questions 9, 10, 11, 12, 13, 14, or 15					cates liability									
						I	_	mm	dd		уу			
9.	Has your business filed an <b>IRS</b> Form 940 unwho has qualified under FUTA (Federal Ur					d above?	□ No	D Y	es If you	are an	Emplo	yer		
	are immediately liable upon having payroll in						ie curre	in or pre	eceding C	aleriuai	year,	you		
10.	Have you acquired all or a part of an existing reverse side and complete that Section.	ı Indiana b	ousi	ness, $\square$	No	⊔ Yes	If Yes,	please <b>s</b> l	kip to "Sed	ction A"	on the			
11. Has your business had a total Indiana payroll of \$1,500.00 or more in any calendar quarter during the current or day,in each of twenty (20) different we														
	or more in any calendar quarter during the current or preceding calendar year? (Including salaried officers)  day,in each of twer consecutive) during													
											ıa. you	,		
40		/							he 20th w		/ -line			
13.	. <b>501(c)(3)</b> - Did you employ 4 or more individe year $\square$ No $\square$ Yes, If "yes" please substitution	bmit a cor	ny p ov c	an or a day, in of IRS exemption	ead on l	letter. If vou a	are an	Out of S	tate 501(c	r prece c)(3), v	aing ca ou mus	t meet		
	qualifications aforementioned, to be liable in	the State	of I	ndiana.										
14.	DOMESTIC - (HOUSEHOLD NATURE) Hav	ve you pai	id, \$	61,000.00 or mo	ore,	, cash wages ii	n a cal	endar qu	arter to er	mploye	es			
15.	AGRICULTURAL - 10 Workers in some par								C3	ter/Yea	r			
he	Date of the 20th week/ OR ereby certify that	₹ gross pa	ayro	II in the amount	t of	\$20,000.00 in	a cale	ndar qua	rte r					
a	all information national natio				_ [									
tr	rue, correct and EMPLOYER'S SIGNATURE			<u></u>		PREPARED BY		DI :						
	ny knowledge and helief Phone DATE No.	<b>'</b> ( )		_	-	DATE		Phone No.	<b>=</b> ( )		-			

REPORT TO DETERMINE STATUS (continued)											
	(Account Number)										
If you acquired, purchased or continued all or any part of an existing Indiana business, you must complete "Section A" below. Reference Indiana Code 22-4-7-2, Indiana Code 22-4-10-6.											
<b>NOTE:</b> If you acquired only a portion of an existing Indiana business, upon application and agreement by both the disposer and acquirer, you (the acquirer) may be entitled to use the same rate as the disposer in the year of acquistion. Reference Indiana Code 22-4-17-2(b), Indiana Code 22-4-10-6(b).											
SECTION A If you have questions whether or not this section applies to you, please call (317) 232-7436.											
Nature of acquisition or change of entity: (check one)											
Purchase of COMPLETE organization Lease of complete organization	ation										
Purchase of a PORTION of organization  Partnership change or reo (50% or more partners cha											
☐ Corporate change or reorganization ☐ Spin-Off of a Subsidiary	3,										
Change in Federal ID Death of owner or partner											
☐ Bankruptcy or other proceedings ☐ Other (please explain in R	emarks section below)										
Date you purchased, reorganized, incorporated or otherwise took control of the Indiana business: (mm-dd-yy)											
1. Predecessor/disposer Indiana SUTA Number: ( )											
2. Predecessor/disposer Federal ID Number:											
3. Predecessor/disposer Legal Name											
4. Trade Name (or d/b/a)											
5. Mailing Address											
City State											
ZIP Code (+ 4 + 2 + 1) Indiana County											
6. SIGN AND DATE THE FRONT OF THIS FORM WHERE INDICATED.											
REMARKS:											